		DEPARTMENT OF PU	BLIC HEALTH AND SOCIAL SERVICES	
			F ENVIRONMENTAL HEALTH	
		CHIL	D CARE FACILITY	
A SERVICE OF THE PERSON OF THE		INSI	PECTION REPORT	-11-
REASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	$\stackrel{\checkmark}{\rightarrow}$	3/8/17	PEACH FOR THE STANS	LEARNING CENTER
Follow-Up	$\dashv$	Time In/Out:	OWNER/OPERATOR: GUTIEREZ, CASSANDR	Δ Δ.
Complaint Investigation	RATING	11:00 11:25		shment Type:
Other:		Sanitary Permit No.:	AGANA HAGHTS FO	
	A		PERMIT STATUS:Valid	
No. of Children:	₹ Male 3		Child Care License: No.: 701 2 / Valid	
inspection or so	oner as the Dep	partment indicates. Nor	y in the operations and facilities which must n-compliance may result in downgrading or t be submitted before the indicated correcti	permit suspension. To appeal
ITEM*			ARKS	DEMERIT CORRECT BY
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No	VIOLATI	ons were	OBSEDNED.	
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"A'	PUTCARI	> # 02129	BSUED.	
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l baya sa	od and underet	and the plant of the state of		
			on(s) and I am aware of the corrective	measures to be taken.
		ollowing items are corrected within	Received By (Name & Title):	ner
	days of this in:			<u></u>
10 days of this inspection: DEH Inspector (Name & Title):				

Rev: 08/2/05 DEH-06

 $(2),\,(4),\,(6),\,(14),\,(21),\,(23),\,(24),\,(27),\,(28),\,(39)\,\&\,(40).$